

DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name; I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject meatter which is claimed and for which a patent is sought on the invention entitled

HAND POSITION DETECTING APPARATUS AND ELECTRONIC TIMEPIECE USING THE SAME.

the specificat	tion of which (che	ck one): 🛘 is attache	ed hereto: X was	filed on NOVEMBER 20, 20)3	_
referred to all accordance with under Title 35	ne above-identifie bove. I acknowled th Title 37, Code i, United States C	(if applicable). d specification, incluge the duty to disclosof Federal Regulation	I hereby state the ding the claims, se information where it is a polication of the second second is a polication of the second	and was amended on that I have reviewed and un as amended by any amendmich is material to patents reby claim foreign prior for patent or inventor's is claimed.	nderstand ent(s) ability in ity benefi	the n its
Prior	Foreign Applicati	on(s)		Prior	ity Claim	ned
2002-338291	JAPAN	21 11 2002			\mathbf{X}	□ No
(Number)	(Country)	(Day/Month/Year	riled)	, ere		_
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statements mad made with the imprisonment,	e on information a knowledge that will or both, under Sec	and belief are believe llful false statements	ed to be true; and and the like so of the United Si	owledge are true and that if further that these state made are punishable by fi ates Code and that such w it issued thereon.	ments wer ne or	
		POWER O	F ATTORNEY			
and Franco S. 31st Floor, Ne	De Liguori, Regist w York, New York 1 his application, a	tration No. 36,497 who 10004, as my (our) att	ose post office ac corneys with full	, Van C. Wilks, Registrat dress is: Adams & Wilks, power of substitution and ted States Patent and Tra	50`Broadw revocati	ay, on,
Full Name of F	irst or Sole Inver	itor .	Citizenship	•		_
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tate or Count	гу		State or Count	гу		
IAPAN						
)ate			Signature /			
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Date	Signature	
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Date	Signature	

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